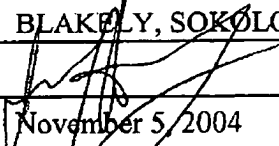





<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	10/659,447
		Filing Date	September 9, 2003
		First Named Inventor	Paul David Doyle
		Art Unit	2614
		Examiner Name	Victor R. Kostak
Total Number of Pages in This Submission	12	Attorney Docket Number	80398P540

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 5, 2004

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	November 5, 2004
Signature		Date	November 5, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 08/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

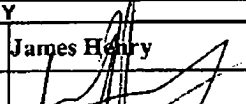
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TOTAL AMOUNT OF PAYMENT	(\$)	0.00	

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	<b>FEE CALCULATION (continued)</b> <b>3. 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\*or number previously paid, if greater. For Reissues, see below

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064
Signature		Telephone	(714) 557-3800
		Date	11/05/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																		
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account <div style="margin-top: 10px;">           Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">02-2666</span>            Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Blakely, Sokoloff, Taylor &amp; Zafman LLP</span> </div> <p style="font-size: small;">The Commissioner is authorized to: (check all that apply)</p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3 style="text-align: center;">3. 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<h3 style="text-align: center;">2. EXTRA CLAIM FEES</h3> <p style="font-size: x-small;">Total Claims: <span style="border: 1px solid black; padding: 2px;">22</span> - 22* = <span style="border: 1px solid black; padding: 2px;">0</span> x <span style="border: 1px solid black; padding: 2px;">18.00</span> = <span style="border: 1px solid black; padding: 2px;">\$0.00</span></p> <p style="font-size: x-small;">Independent Claims: <span style="border: 1px solid black; padding: 2px;">3</span> - 3* = <span style="border: 1px solid black; padding: 2px;">0</span> x <span style="border: 1px solid black; padding: 2px;">88.00</span> = <span style="border: 1px solid black; padding: 2px;">\$0.00</span></p> <p style="font-size: x-small;">Multiple Dependent: _____ = _____</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple Dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) (\$) <span style="border: 1px solid black; padding: 2px;">0.00</span></p> <p style="font-size: x-small;">*or number previously paid, if greater, For Reissues, see below</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	88	2201	44	Independent claims in excess of 3		1203	300	2203	150	Multiple Dependent claim, if not paid		1204	88	2204	44	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																																																																																																												
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Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (WR) 02/10/2004.  
 SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 10/659,447  
Amdt. dated 11/05/2004  
Reply to Office Action of 08/05/2004

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No.	:	10/659,447	Confirmation No. 4896
Applicant	:	Paul David Doyl	
Filed	:	09/09/03	
TC/A.U.	:	2614	
Examiner	:	KOSTAK, VICTOR R	
Docket No.	:	80398P540	
Customer No.	:	8791	

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**Response**

Sir:

In response to the Office Action of 08/05/2004, please consider the following remarks:

**Amendments to the Claims:** The claims are not amended.

**Remarks/Arguments** begin on page 2 of this paper.